

The Attitudes of Nursing Students towards Patients Who Attempt Suicide: A Study from Central India



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Abstract:

Background: Suicide being a global health issue, the attitudes and beliefs of the healthcare professionals towards these attempters have significant effect on the outcome of the treatment. **Objectives:** Aim of the study was to assess the attitude of nursing students towards patients with suicide attempt. **Materials and Methods:** The study had a cross sectional design of 284 nursing students who were randomly recruited from the two institutions. Suicide opinion Questionnaire was administered. **Results:** Most were young single females, from rural locality, who were pursuing either BSc Nursing or GNM courses. Very few had previous exposure to suicide prevention training programmes. More than half of the students showed favourable attitude towards patients with suicidal attempt. Majority of students showed favourable attitudes for more than half of the attitudinal statements giving importance to the mental illness, disturbed family life, and depression and risk factors for suicide attempt. Unfavourable and uncertain attitude was noticed for a few of the statements. **Conclusions:** The nursing students showed favourable attitude towards patients with suicide attempts. More educational and training programs are therefore needed in these students for improving the uncertain and unfavourable responses to a few of these attitudes for better management of these patients.

Introduction

Suicide is a global health problem and in Indian population, the rates for suicide are 10.6 per lakh population. The highest city wise suicide rates were reported from Durg-Bhilainagar (34.9) in Chhattisgarh state with the state's rates of 27.7 per lakh population, well above the national rates.^[1] The patients who attempt suicide need a comprehensive and quality care so as to take care of the current state management and to prevent future such attempts. The attitudes of the health care personnel including the nursing staff directly involved in the care of these patients is of paramount importance for the favourable outcome of treatment of these patients.^[2] A few studies showed unfavourable attitudes among health care professionals and nurses towards patients with suicide attempts.^[3,4] Research in Indian population is scarce with only one study from India Nebhinani et al.,^[5] on nursing students with same instrument that found favourable attitudes in nursing students. With the suicide rates in the Chhattisgarh state placed at joint fourth amongst the states in India, this study was aimed to look into this aspect of attitudes of nursing students towards patients with suicide attempt.

Materials and Method

The study had a cross sectional design. The 280 students pursuing nursing courses from two colleges of Durg Bhilai either GNM or B. Sc nursing were randomly included in this study. The study was approved by the college authorities. The students were explained about the nature of the study and written consent was obtained. Data was collected administering the socio demographic profile sheet and the Suicide Opinion Questionnaire.

Sociodemographic profile sheet

The sociodemographic profile sheet was used to collect the demographic details. A few clinical questions were added inquiring their previous experiences about exposure to suicidal patients and suicide prevention measures.

Suicide Opinion Questionnaire (SOQ)

SOQ has 52-items. It is a self-rated questionnaire on a 5-point Likert scale which measures suicide attitude on the basis of five factors: Acceptability, perceived factual knowledge, social disintegration, personal defects, and emotional perturbation^[6,7] with established psychometric

reliability and validity.^[6-10] It has been used in several studies.^[5,11-15]

Statistical analysis

SPSS version 16.0 for Windows (Chicago, Illinois, USA) was used. For categorical variables, frequencies with percentages were calculated and mean, standard deviation and median were calculated for continuous variables. Attitudinal statements were scored on a 5-point Likert scale:

1. 'Strongly agree', 2. 'agree', 3. 'don't know', 4. 'disagree', and 5. 'strongly disagree'. Means and standard deviations (SDs) were also calculated to categorize attitudes into 'favorable', 'unfavorable', and 'uncertain'. Scores between 1 and 2.4 were considered 'positive dispositions' or 'favorable attitude', between 2.5 and 3.4 'unsure' or 'uncertain attitude', and 3.5 and above 'negative dispositions' or 'unfavorable attitude'. The descriptors were reversed for negatively-worded items.

Table 1: Socio Demographic variables

Variables	Mean (SD)
Age	24.09 (5.04)
Family income (INR)	17,265 (13,152)
Variables	Frequency (%)
Sex	
Male	56 (19.7)
Female	228 (80.3)
Marital status	
Single	268 (94.36)
Married	16 (5.63)
Religion	
Hindu	227(79.92)
Christian	43(15.14)
Others	14(4.92)
Education	
BSc	208 (73.23)
GNM	76(26.76)
Locality	
Urban	121(42.60)
Rural	163(57.39)
Family type	
Nuclear	186 (65.49)
Joint/extended	98 (34.50)
Whether seen patients with suicide	
Yes	85 (29.9)
No	189 (66.5)
Any exposure to suicide prevention training	
Yes	56 (19.7)
No	215(75.7)

Table 2: Attitude towards Suicide attempters SOQ statements

S. No	Statements	Frequency (%)					Score Mean±SD
		Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	
1	Most persons who attempt suicide are lonely and depressed	113(39.8)	158(55.6)	11(3.9)	2(0.7)	0 (0)	1.65±0.59
2	Most suicides are triggered by arguments with a spouse.	37(13)	108(38)	87 (30.6)	49(17.3)	3(1.1)	2.55±.95
3	The higher incidence of suicide is due to the lesser influence of religion.	25(8.8)	82(28.9)	91(32)	76(26.8)	10(3.5)	2.87±1.01
4	I would feel ashamed if a member of my family committed suicide.	33(11.6)	92(32.4)	88(31.2)	53(18.8)	8(2.8)	2.80±1.11

5	Most suicide attempts are impulsive in nature.	36(12.8)	97(34.4)	88(31.2)	53(18.8)	8(2.8)	2.64±1.01
6	People with incurable diseases should be allowed to commit suicide in dignified manner.*	28(9.9)	95(33.5)	72(25.4)	68(23.9)	21(7.4)	2.85±1.11
7	Suicide is an acceptable means to end an incurable illness.*	28(9.9)	95(33.5)	54(19.1)	83(29.4)	22(7.8)	2.91±1.15
8	People who commit suicide are usually mentally ill.	64(22.5)	137(48.2)	32(11.3)	29(10.2)	22(7.7)	2.32±1.15
9	Some people commit suicide as an act of self-punishment.	70(24.8)	132(46.8)	34(12.1)	32(11.3)	14(5.0)	2.24±1.10
10	Suicide is acceptable for aged and infirm persons.*	20(7.1)	67(23.8)	99(35.1)	64(22.7)	32(11.3)	3.07±1.09
11	Suicide is clear evidence that man has a basically aggressive and destructive nature.	44(15.6)	132(46.8)	47(16.7)	51(18.1)	8(2.8)	2.45±1.04
12	Suicide happens without warning.*	49(17.4)	62(22)	88(31.2)	75(26.6)	8(2.8)	2.75±1.11
13	Most suicide victims are older persons with little to live for.*	16(5.7)	80(28.4)	82(29.1)	93(33)	8(2.8)	3.42±4.32
14	About 75% of those who successfully commit suicide have attempted suicide at least once before.	36(12.8)	118(41.8)	74(26.2)	44(15.6)	8(2.8)	2.75±2.74
15	It's rare for someone who is thinking about suicide to be dissuaded by a "friendly ear".*	31(11)	82(29.1)	84(29.8)	65(23)	15(5.3)	3.39±4.64
16	People who commit suicide must have a weak personality structure.	51(18.1)	82(29.1)	66(23.4)	61(21.6)	19(6.7)	2.78±1.46
17	Social variables such as overcrowding and increased noise can lead a person to be more suicide-prone.	23(8.2)	60(21.3)	63(22.3)	112(39.7)	24(8.5)	3.19±1.11
18	A large percentage of suicide victims come from broken homes.	42(14.9)	128(45.4)	59(20.9)	47(16.7)	6(2.1)	2.45±1.01
19	A rather frequent message in suicide notes is one of unreturned love.	35(12.4)	167(59.2)	44(15.6)	23(8.2)	13(4.6)	2.33±.95
20	People who set themselves on fire to call attention to some political or religious issue are mentally unbalanced.	24(8.5)	106(37.6)	60(21.3)	72(25.5)	20(7.1)	2.85±1.11
21	The possibility of committing suicide is greater for older people (≥ 60) than for younger people (20-30).*	75(26.6)	85(30.1)	46(16.3)	71(25.2)	5(1.8)	2.45±1.18
22	Most people who commit suicide do not believe in an after life.	21(7.4)	124(44)	74(26.2)	55(19.5)	5(1.8)	2.84±2.19
23	In times of war, for a captured soldier to commit suicide is an act of heroism.	24(8.5)	65(23)	81(28.7)	89(31.6)	23(8.2)	3.07±1.11
24	Once a person is suicidal, he is suicidal forever.*	24(8.5)	105(37.2)	75(26.6)	56(19.9)	22(7.8)	2.81±1.09
25	There may be situations where the only reasonable resolution is suicide.*	39(13.8)	73(25.9)	64(22.7)	78(27.7)	28(9.9)	2.93±1.21
26	Improvement following a suicidal crisis indicates that the risk is over.*	33(11.7)	111(39.4)	81(28.7)	43(15.2)	11(3.9)	2.92±3.28
27	Suicides among young people (e.g. college students) are particularly puzzling since they have everything to live for.	66(23.4)	111(40.1)	59(20.9)	29(10.3)	12(4.3)	2.52±2.28
28	Once a person survives a suicide attempt,	32(11.3)	102(36.2)	97(34.4)	44(15.6)	7(2.5)	2.61±.96

	the probability of his trying again is minimal.*						
29	Suicide is a normal behavior.*	22(7.8)	16(5.7)	25(8.9)	88(31.2)	128(45.4)	4.56±5.37
30	Many victims of fatal automobile accidents are actually unconsciously motivated to commit suicide.	38(13.5)	65(23.0)	61(21.6)	69(24.5)	46(16.3)	3.27±2.33
31	If a culture were to allow the open expression of feelings like anger and shame, the suicide rate would decrease substantially.	61(21.6)	104(36.9)	74(26.2)	26(9.2)	17(6.0)	2.41±1.10
32	From an evolutionary point of view, suicide is a natural means by which the less mentally fit are eliminated*.	25(8.9)	78(27.7)	92(32.6)	79(28.0)	8(2.8)	2.88±1.00
33	Suicide attempters who use public places (such as a bridge or tall building) are more interested in getting attention.*	34(12.1)	142(50.4)	41(14.5)	54(19.1)	11(3.9)	2.52±1.05
34	Suicide rates are a good indicator of the stability of a nation; that is, the more suicides the more problems a nation is facing.	49(17.4)	135(47.9)	36(12.8)	29(9.9)	34(12.1)	2.51±1.23
35	Sometimes suicide is the only escape from life's problems.*	55(19.5)	108(38.3)	42(14.9)	41(14.5)	36(12.8)	2.62±1.29
36	If someone wants to commit suicide, it is their business and we should not interfere.*	25(8.9)	59(20.9)	42(14.9)	99(35.1)	57(20.2)	3.36±1.26
37	Obese individuals are more likely to commit suicide than persons of normal weight.	20(7.1)	24(8.5)	113(40.1)	87(30.9)	38(13.5)	3.35±1.04
38	Usually, relatives of a suicide victim had no ideas of what was about to happen.	24(8.5)	108(38.3)	82(29.1)	55(19.5)	13(4.6)	2.73±1.01
39	Long term self-destructive behaviors, such as alcoholism, may represent unconscious suicide attempts.	48(17)	157(55.7)	35(12.4)	39(13.8)	3(1.1)	2.26±.93
40	We should have "suicide clinics" where people who want to die could do so in a painless and private manner.*	67(23.8)	74(26.2)	55(19.5)	50(17.7)	36(12.8)	2.69±1.34
41	Those people who attempt suicide are usually trying to get sympathy from others.*	43(15.2)	97(34.4)	78(27.7)	43(15.2)	21(7.4)	2.65±1.13
42	People who commit suicide lack solid religious convictions.	23(8.2)	92(32.6)	76(27.0)	75(26.6)	16(5.7)	2.89±1.06
43	Passive suicide, such as an overdose of sleeping pills, is more acceptable than violent suicide such as by gunshot.	40(14.2)	115(40.8)	50(17.7)	62(22)	15(5.3)	2.63±1.13
44	Suicide occurs only in civilized societies.*	19(6.7)	53(18.8)	80(28.4)	76(27.0)	54(19.1)	3.32±1.17
45	Most people who commit suicide do not believe in God.	36(12.8)	73(25.9)	53(18.8)	80(28.4)	40(14.2)	3.05±1.27
46	Children from larger families (i.e., three or more children) are less likely to commit suicide as adults than single or only children.	35(12.4)	91(32.3)	67(23.8)	69(24.5)	20(7.1)	2.81±1.14
47	Suicide attempters are, as individuals, more rigid and less flexible than non-attempters.	59(20.9)	110(39)	57(20.2)	48(17)	8(2.8)	2.41±1.08

48	The large majority of suicide attempts result in death.*	83(29.4)	106(37.6)	41(14.5)	45(16.0)	7(2.5)	2.24±1.11
49	Some people are better off dead.*	23(8.2)	59(20.9)	92(32.6)	71(25.2)	37(13.1)	3.14±1.13
50	People who attempt suicide are, as a group, less religious.	35(12.4)	57(20.2)	84(29.8)	88(31.2)	18(6.4)	2.98±1.12
51	Those who commit suicide are cowards who cannot face life's challenges.	86(30.5)	98(34.8)	33(11.7)	53(18.8)	12(4.3)	2.31±1.20
52	Individuals who are depressed are more likely to commit suicide.	117(41.5)	91(32.3)	44(15.6)	20(7.1)	10(3.5)	1.98±1.08
* = negatively worded items, SD = Standard Deviation							

Results

Sociodemographic profile:

As is shown in Table 1, most of the nursing students were females (80.3%), young (mean age 24 yrs) and single (94.36%), studying B.Sc (73.23%) or GNM (26.76%) nursing courses. Most of the students belonged to Hindu religion (79.29%), nuclear family set up (65.49%) and residents of the rural background (57.39%). Only a few students had seen patients with suicide attempt (29.9%) and very few had exposure to suicide prevention training (19.7%).

Suicide opinion Questionnaire:

As shown in the table, favourable attitude was seen for most of the statements as most of the students (95.4%) felt that suicide attempters are lonely and depressed, more than half of the students believed that people who commit suicide are usually mentally ill, and are depressed, people who commit suicide must be having a weak personality structure or have a basically aggressive and destructive nature and commit suicide as an act of self-punishment, they are more rigid and less flexible and majority of suicide attempts result in death. For the risk factors, more than half of the students felt that the victims come from broken homes, experience failure in love relationship, have overcrowding and increased noise and also alcoholism, the latter may represent unconscious suicide attempts. More than half of the students felt passive suicide is more acceptable, and those who use public places (such as a bridge or tall building) are attention seekers. They also felt that suicide rates are a good indicator of the stability of a nation, improvement following a suicidal crisis indicates that the risk is over. If a culture were to allow the open expression of feelings like anger and shame, the suicide rate would decrease substantially. Suicides among young people (e.g. college students) are particularly puzzling since they have everything to live for.

Nearly half of the students reported feeling ashamed if a family member committed suicide. They considered most suicide attempts as impulsive in nature. According to them, suicide happens without warning, once a person is suicidal, he is suicidal forever and once a person survives a suicide attempt, the probability of his trying again is minimal.

Usually, relatives of a suicide victim had no ideas of what was about to happen. People who commit suicide lack solid religious convictions and they do not believe in God. About 75% of those who successfully commit suicide have attempted suicide at least once before. People who set themselves on fire to call attention to some political or religious issue are mentally unbalanced. Children from larger families (i.e., three or more children) are less likely to commit suicide as adults than single or only children.

More students however disagreed the statements that suicide is a normal behaviour, Many victims of fatal automobile accidents are actually unconsciously motivated to commit suicide, if someone wants to commit suicide, it is their business and we should not interfere, obese individuals are more likely to commit suicide than persons of normal weight, suicide occurs only in civilized societies and some people are better off dead.

One third was uncertain that the higher incidence of suicide is due to the lesser influence of religion, suicide is acceptable for aged and infirm persons and from an evolutionary point of view, suicide is a natural means by which the less mentally fit are eliminated.

Unfavourable attitudes were seen in nearly half the students in the statements viz. suicide at times is the only escape from life's problems, there may be situations where the only reasonable resolution is suicide and those people with incurable diseases should be allowed to commit suicide in dignified manner, feeling it is an acceptable means to end an incurable illness those people who attempt suicide are usually trying to get sympathy from others and felt suicide at times as the only escape from life's problems, such people are cowards who cannot face life's challenges. They also felt that there should be "suicide clinics" where people who want to die could do so in a painless and private manner and most people who commit suicide do not believe in an afterlife.

Discussion

Suicide being such an important and sensitive issue with various psychological and social factors influencing its

causation, the proper management of this group of patients is essential in order to achieve recovery from the current presentation and reduce the risk of future such attempts. The nursing staff being an integral part of the healthcare and who spend more time in contact with the patients have great impact in the outcome of treatment of these patients with suicide attempt.^[16,17] The attitudes of the nursing students thus can have significant impact on the in the assessment and management of these patients.^[18,19]

A few studies have tried to look into this aspect of attitudes of nursing students towards suicide attempters including one study from India^[5] using the SOQ. Most of our study subjects showed favourable attitudes towards the patients with suicide attempt as was seen in the earlier studies.^[21,22] One study had showed however predominantly negative attitudes.^[20]

Similar to earlier findings,^[11] most of our students were disagreed about acceptability of suicide as normal behaviour, considered suicide attempts as impulsive, once a person is suicidal, he is suicidal forever and also had history of previous such attempt.

Contradictory to earlier studies^[5,9,14] majority of our students agreed that those people who attempt suicide are usually trying to get sympathy, possibility of suicide is greater for older people (≥ 60) those people with incurable diseases should be allowed to commit suicide in dignified manner showing unfavourable attitudes in these statements. This may be due to lack of education and experience of managing patients with self-harm, younger age.^[20] A recent review of patient experiences of self-harm services^[24] emphasized their negative experiences with inappropriate staff behavior, lack of staff knowledge, and perceived lack of involvement in management decision. A study from India found significant positive attitude among mental health professionals compared to nonmental health professionals and emphasized the need of the simple training and education of these professionals.^[25]

The study has certain limitations too and hence restrict generalization of the results as students were randomly selected from two nursing institutes and the sociocultural and educational background of the state may have influence on the attitudes. The instrument SOQ used is also not adapted for Indian population. Very few students had exposure to suicide prevention measures and their attitudes may change after completion of training leading to better understanding and management of these patients.

Thus the study concludes that nursing students showed favourable attitudes towards suicide attempters considering it as an act arising out of psychological disturbance and importance of risk factors assessment viz. previous history

of similar self harm, broken families and alcoholism in causation of suicidal attempt.

The study highlights the need of educating the Nursing students regarding suicide through proper training programmes leading to cultivation of more positive attitudes in almost all the students. There is also need of further studies in these students with larger sample sizes, with instruments adapted in Indian context and correlating the results with the sociocultural and religious beliefs. The nursing students, who spend more time with the admitted suicide attempt patients, are an important subset of professionals acting as a bridge between the mental health professional and the patients. Hence taking measures to educating them will further improve the quality of care for these patients with suicide attempt.

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